

PBA Membership Application

Name _____ Email _____

Address _____ Phone _____

City/State/Zip _____ Age (if under 21) _____

Type of membership Individual Family New Member Renewal

How are you willing to assist? Ride Leader Event Support Publicity/Marketing Adopt-A-Spot

Reasons for Joining: Club Rides Tours Newsletter Advocacy Socializing

Names and emails of family members who ride _____

RELEASE: In signing this application, I (we) hereby make it known to whomever it may concern, that during Peninsula Bicycling Association activities---with full realization that there are known and unknown hazards to these activities---I (we) do hereby: assume all risk for injury, loss, or damage foreseeable or not, which I (we) and/or any children under the age of 18 in my (our) care may sustain as an accident to such activities. I (we) warrant to make no claim at law or equity against the Peninsula Bicycling Association or any participant arising out of any injury, loss, or damage from whatever cause during a bicycling activity PROVIDED HOWEVER, that this release shall not be construed to limit my (our) right to proceed any class of persons specifically excluded herein, who negligently cause injury, loss, or damage to the persons named on this application.

All persons over the age of 17 and parents/guardians of minors must sign below. Unsigned forms will be rejected.

Signature(s)

Dues: Individual \$12, Family \$15 per year

Mail to: Peninsula Bicycling Association, P.O. Box 12115, Newport News VA 23612-2115

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